

Department of  
Veterans Affairs

# MEMORANDUM

Date posted \_\_\_\_\_ Initials \_\_\_\_\_

March 6, 2002

Chief, Policy and Compliance Division

Transmittal #43 CHAMPVA Policy Manual

See Transmittal Distribution List

1. This Transmittal revises Chapter 2, Section 16.5, *Experimental/Investigational (Unproven) Procedures*, by removing all procedures or services that would be more appropriately addressed in other policies and places them in those policies.
2. Explanation of changes and related index updates of the CHAMPVA Policy Manual and filing instructions are in the following summary:

<u>SUMMARY</u>	<u>REMOVE</u>		<u>INSERT</u>	
	<u>C-S</u>	<u>Pages</u>	<u>C-S</u>	<u>Pages</u>
<a href="#">Chapter 2, Section 2.6</a> , <i>Silicone and Breast Implant Removal</i> . Adds clarity to Policy regarding conditions for covered implant removal; adds clarity to Exceptions for coverage of implant removal when the initial implant was for a non-covered benefit; and adds to Exclusions capsule formation and contracture (hardening).	2-2.6	1-2	2-2.6	1-2
<a href="#">Chapter 2, Section 3.6</a> , <i>Hyperthermia for Treatment of Cancer</i> . Amends CPT codes by adding 77620; and adds to Exclusions whole body hyperthermia in the treatment of cancer that was previously listed in C2/S16.5.	2-3.6	1-2	2-3.6	1-2
<a href="#">Chapter 2, Section 4.1</a> , <i>Cardiovascular System</i> . Adds to Exclusions cardiomyoplasty (cardiac wrap) for treatment of heart failure; and minimally invasive coronary artery bypass graft (CABG), minimally invasive direct coronary artery bypass (MIDCAB), and port access coronary artery bypass (PACAB) that was previously listed in C2/S16.5.	2-4.1	1-5	2-4.1	1-5

<b><u>Chapter 2, Section 7.6</u></b> , <i>Otorhinolaryngologic.</i>	2-7.6	1-2	2-7.6	1-2
Amends CPT codes; adds to Policy, reference to C2/S30.3, <i>Speech Pathology Services</i> ; removes from Policy reference to helpless child; removes from Exclusions reference to C2/S16.5; adds examinations to determine the need for hearing aids and computerized and static dynamic posturography that were previously listed in C2/S16.5.				
<b><u>Chapter 2, Section 11.6</u></b> , <i>Transjugular Intrahepatic Portosystemic Shunt (TIPS).</i>	2-11.6	1-2	2-11.6	1-2
Amends TRICARE Policy Manual reference; and removes from Exclusions reference to C2/S16.5.				
<b><u>Chapter 2, Section 16.5</u></b> , <i>Experimental/ Investigational (Unproven) Procedures.</i>	2-16.5	1-13	2-16.5	1-6
Removes from Exclusions those procedures or services that are addressed within other policies and removes Levonogestrel (Mirena) IUD system (a contraceptive device that releases progesterone for abnormal uterine bleeding).				
<b><u>Chapter 2, Section 17.2</u></b> , <i>Oxygen and Oxygen Supplies.</i>	2-17.2	1-3	2-17.2	1-3
Amends codes by removing HCPCS Level II J2410, J2460, J2590, J7699, and J7799 and adds A4628-A4629, E0482; and removes from Policy Considerations reference to C2/S16.5.				
<b><u>Chapter 2, Section 20.2</u></b> , <i>Intraoperative Neurophysiology Testing.</i>	2-20.2	1-3	2-20.2	1-4
Modifies CPT code range 95860-95872; adds to Policy definition for ischemia; adds to Exclusions monitoring of the sciatic nerve during a total hip replacement to assess the status of somatosensory system in unconscious head injury patients, and to define conceptional or gestational age in pre-term infants that were previously listed in C2/S16.5.				

<b><u>Chapter 2, Section 20.8</u></b> , <i>Functional Cortical Mapping</i> . Amends TRICARE Related Authority and TRICARE Policy Manual reference; adds to Policy that other proven indications may be cost shared; removes from Policy Considerations information concerning previously denied claims; adds to Exclusions clarifying information on topographic brain mapping that was previously listed in C2/S16.5; and removes reference to C2/S16.5.	2-20.8	1-2	2-20.8	1-2
<b><u>Chapter 2, Section 20.12</u></b> , <i>Neuromuscular Electrical Stimulation (NMES) Devices</i> . Removes HCPCS code E0753; adds to Exclusions neuromuscular stimulators used as part of an exercise program for healthy individuals (i.e., athletes) and NMES stimulators when used in conjunction with reciprocating gait orthosis that were previously listed in C2/S16.5.	2-20.12	1-2	2-20.12	1-2
<b><u>Chapter 2, Section 20.15</u></b> , <i>Stereotactic Radiofrequency Thalamotomy</i> . Amends TRICARE Related Authority and TRICARE Policy Manual reference; adds Definitions for dystonia and tremor that were previously in Policy Considerations; removes from Policy contraindications for thalamotomy and adds those to Exclusions; clarifies Policy Considerations regarding the coverage of thalamotomy; removes statement that certain drugs may induce Parkinsonism such as dopamine antagonist neuroleptic agents and antiemetics; removes information pertaining to previously denied claims; and removes from Exclusions reference to C2/S16.5.	2-20.15	1-3	2-20.15	1-3
<b><u>Chapter 2, Section 22.1</u></b> , <i>Drugs and Medicines</i> . Adds to Exclusions, Navelbine® that was previously listed in C2/S16.5.	2-22.1	1-8	2-22.1	1-8
<b><u>Chapter 2, Section 26.9</u></b> , <i>Positron Emission Tomography (PET)</i> . Adds effective date for esophageal, colorectal, and head and neck cancers (excluding central nervous system and thyroid); amends Procedure Code range by adding HCPCS codes G0210-G0234; clarifies Policy by adding PET scans require medical	2-26.9	1-2	2-26.9	1-4

review; removes from Exclusions reference to C2/S16.5 and adds the diagnosis, staging, and monitoring of treatment of breast cancer, central nervous system (CNS), germ-cell cancer, hepatocellular carcinoma, kidney tumors, musculoskeletal cancer, ovarian cancer, pancreatic cancer, parathyroid cancer, pituitary tumors, prostate cancer, testicular tumors, and thyroid cancer; the diagnosis, evaluation, and monitoring of response to treatment of Alzheimer's disease, Huntington's disease, Wilson's disease, multi-infarct dementia, progressive supranuclear palsy, and Pick's disease; diagnosis and assessment of schizophrenia; assessment of substance abusers; assessment of attention-deficit hyperactivity disorder; and assessment of head trauma that were previously listed in C2/S16.5.

**Chapter 2, Section 26.11**, *Single Photon Emission Computed Tomography (SPECT)*. 2-26.11 1-3 2-26.11 1-3

Adds CPT codes 78205, 78320, 78647, 78710 78803, 78807; and adds to Exclusions neck pain that was previously listed in C2/S16.5.

**Chapter 2, Section 26.12**, *Therapeutic Embolization*. Amends TRICARE Related 2-26.12 1-2 2-26.12 1-2

Authority and TRICARE Policy Manual reference; adds CPT codes 61626 and 75894; clarifies description of therapeutic embolization; removes from Exclusions reference to C2/S16.5 and adds chemoembolization for hepatocellular carcinoma that was previously listed in C2/S16.5.

**Chapter 2, Section 28.1**, *Obstructive Sleep Apnea Syndrome*. Amends TRICARE Policy 2-28.1 1-4 2-28.1 1-4

Manual reference; adds effective date for somnoplasty; adds CPT codes 21194, 42160 and corrects CPT code range 21198-21199; clarifies Policy by defining cephalometric and nasopharyngoscopy; corrects numerous CPT references; and adds coverage of somnoplasty for obstructive sleep apnea syndrome.

**Chapter 2, Section 29.15**, *Surgery for Morbid* 2-29.15 1-3 20.15 1-3

*Obesity*. Adds to Exclusions biliopancreatic bypass, prescription medications used in weight reduction programs; services and supplies in connected with cosmetic surgery performed primarily to improve physical appearance or for psychological reasons without correcting or materially improving a bodily function; and small intestinal bypass (jejunioileal bypass) that were previously listed in C2/S16.5.

**Chapter 2, Section 30.13**, *Stereotactic* 2-30.13 1-4 2-30.13 1-4

*Radiosurgery/Radiotherapy*. Adds CPT codes 77301 and 77418; adds to Description clarification of stereotactic radiosurgery/radiotherapy; adds to Policy clarification of medical terminology; and removes from Exclusions references to C2/S16.5

**Chapter 2, Section 31.3**, *Heart-Lung and Lung* 2-31.3 1-7 2-31.3 1-7

*Transplantation*. Amends Procedure Code(s) by deleting ICD-9-CM 33.50, 33.51, 33.52, 33.6, and DRG 495; adds ICD-9-CM 996.83, 996.84, V42.1, V42.6, V43.2, V43.89, and V59.8; removes from Policy cyclosporine is nephrotoxic; adds definition for cachexia; and removes from Exclusions reference to C2/S16.5.

**Chapter 2, Section 31.10**, *High Dose* 2-31.10 1-11 2-31.10 1-11

*Chemotherapy and Stem Cell Transplantation*. Amends Effective Date by defining acronyms for high-dose chemotherapy (HDC); autologous bone marrow transplants (AMBT); peripheral stem cell therapy (PSCT); and amyloid light-chain (AL); adds CPT codes 38231, 86812-86822; adds to Policy definition for gliofibromas; removes hyperesinophilic syndrome from Policy Paragraph E. (allogenic umbilical cord blood transplantation, with or without HDC) and adds to Paragraph C. (allogenic bone marrow stem cell transplantation, with or without HDC); adds to Exclusions donor lymphocyte infusion and HDC with stem cell rescuer for testicular cancer that were previously listed in C2/S16.5; clarifies

in-vitro stem cell processing by adding stem cell assay or purging; and removes reference to C2/S16.5.

**Chapter 2, Section 35.1**, *Female Genital System*. Adds CPT codes 58740-58770, 58800-58825, and 58900-58960; removes from Limitations reference to C3/S45.3, *Rebundling of Procedure Codes*; adds to Exclusions intersex surgery, except when performed to correct sex gender confusion or ambiguous genitalia, which is documented to have been present at birth; estradiol pellet implants; and testosterone pellet implants that were previously listed in C2/S16.5.

2-35.1 1-3 2-35.1 1-3

**Chapter 2, Section 35.2**, *Papanicolaou (Pap) Test*. Adds to Exclusions cervicography when used in conjunction with a Pap smear that was previously listed in C2/S16.5.

2-35.2 1-3 2-35.2 1-3

**Chapter 2, Section 36.1**, *Male Genital System*. Amends Effective Date by adding acronyms for Transurethral ultrasound-guided laser induced Prostatectomy (TULIP) and thermourethral microwave (TUMT); amends CPT codes and removes codes that are excluded from coverage; adds to Exclusions sperm evaluation, hamster penetration test and intersex surgery, except when performed to correct sex gender confusion/ambiguous genitalia, which is documented to have been present at birth that were previously listed in C2/S16.5.

2-36.1 1-4 2-36.1 1-4

**Chapter 3, Section 7.1, Addenda 1**, *Ambulatory Surgical Center (ASC) Reimbursement*. Amends Addenda 1 by adding TRICARE's approved ambulatory surgery procedures update.

3-7.1A 1-75 3-7.1A 1-75

**Subject Index**. Amended to update and include policies referenced in this transmittal.

A-1 thru A-6 A-1 thru A-6  
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S-1 thru S-6	S-1 thru S-6
T-1 thru T-5	T-1 thru T-6

**Codes Index.** Amends index to add and delete codes referenced in policies. Changes are highlighted in the index for reference purposes.

1-26                      1-26

2.     File this transmittal memorandum in the front of the CHAMPVA Policy Manual.

Susan Schmetzer  
Chief, Policy & Compliance

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